

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-036780  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9622

FILED OCT 11 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR TOWN

**St. Louis**

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

**5530 Columbia Ave.**

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

**5530 Columbia Ave.**

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

**JOHN**

Middle

**FRANCIS**

Last

**TEPE**

4. DATE OF DEATH

Month

**Oct.**

Day

**7**

Year

**1962**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**2-17-1914**

9. AGE (last birthday)

**48**

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Machinist-Micro Controls Co.**

10b. KIND OF BUSINESS OR INDUSTRY

**Co.**

11. BIRTHPLACE (City and state or country)

**St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**Henry Tepe**

13b. MOTHER'S MAIDEN NAME

**Angela Fennen**

14. NAME OF HUSBAND OR WIFE

**Christine A. Tepe**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

**No None**

16. SOCIAL SECURITY NO.

**[Redacted]**

17. INFORMANT

**Christine A. Tepe 5530 Columbia Ave.**

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Coronary Occlusion Acute.**

DUE TO (b)

**Arteriosclerotic HEART Disease**

DUE TO (c)

**420.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a)

**General arteriosclerosis**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1959** to **10-7-62** and last saw him alive on **10-6-62**.

Death occurred at **8:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**William T. St. Bernard MD**

22b. ADDRESS

**3915 Watson RD.**

22c. DATE SIGNED

**10-8-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**Oct. 10, 1962**

23c. NAME OF CEMETERY OR CREMATORY

**S S Peter & Paul Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Kriegshauser 4228 S. Kingshighway Blvd.**

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Paul Smith. M.D.**

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*R. W. Storrison*

Licensed Embalmer No. 4007

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.